

17368 W 12 Mile Rd Ste 100 Southfield, MI 48076 Telephone: 248-569-7500 Toll-Free: 888-290-4270 Fax: 248-569-4445

JOB DESCRIPTION - DRIVER

Our company provides non-emergency medical transportation to people who go to medical appointments and other destinations.

Our drivers must have a valid Michigan Chauffeur Driver License and valid CPR and 1st Aid certification. No specific level of education is required, but a high school education is preferred. You must be able to read schedules and maps, and you must be able to follow driving directions. You must be able to read, understand and speak English clearly. You must have dependable transportation that will get you to and from our facility each day. Experience in transporting people is beneficial, and a basic knowledge of our service area is expected.

Our drivers are expected to drive a wheelchair lift van. This is a specially equipped full-sized van that has a hydraulic automatic lift for raising patients in wheelchairs into the van. The floor of the van is outfitted with special seatbelts and straps attached to the floor. These straps are used to secure the wheelchair during transportation.

Some clients that we transport have a wheelchair ramp at their home, but lifting people in their wheelchairs up or down stairs at the house's door may be necessary. If you have any type of back problems, this is not the right job for you.

Due to the unique nature of our type of business, there may be some time during the workday when you are not working. You will **not** be paid for this time. The reason for these periods of "down time" is that we know what time our clients need to be picked up, but the exact times of the returns from their appointments is often not known. As we receive calls that clients are ready, we dispatch our drivers to do their returns.

Our drivers are expected to keep in contact with dispatch by using a cell phone that we provide to all of our employees. It is the responsibility of the drivers to let dispatch know when they are picking up or dropping off clients.

Drivers are given schedules for the following day between 3:00 and 5:00 p.m. Drivers are responsible for getting directions for the following day's pickups. We provide mapbooks for our drivers so that they may look up directions for their scheduled runs, and we have computerized mapping programs that our office personnel can use to give you directions when necessary.

Promptness is essential for drivers at our company. Drivers are responsible for leaving ample time to arrive at pickups. If for any reason a pickup can't be made at the scheduled time, drivers are responsible for notifying dispatch in advance.

More specific details are given during training. Please see a manager if you have any further questions or concerns.



17368 W 12 Mile Ste 100 Southfield, MI 48076 Telephone: 248-569-7500 Toll-Free: 888-290-4270 Fax: 248-569-4445

CONDITIONS FOR HIRE

Thank you for applying at Hour Transportation. You are applying for a position at one of the leading non-emergency medical transportation companies in Michigan.

Due to the nature of our business, it is imperative that all of our employees engaged in the transportation of passengers be screened for the safety and liability of our passengers.

Screening will be done before and during the hiring process. Periodic screening may take place during the course of the year at the discretion of Hour Transportation. Any results which are deemed to put passengers or the company at risk will result in the immediate ineligibility and/or termination of the employee application and/or employment.

Conditions for hire/employment are as follows:

- 1. Employee must have valid Chauffeur License issued by the State of Michigan.
- 2. Employee must have valid CPR and 1st Aid Certification.
- 3. Employee must pass Motor Vehicle Report screening and be insurable.
- 4. Employee must pass Criminal Conviction screening.
- 5. Employee must pass Substance Abuse screening.

If at any time an employee fails any of the above conditions for hire, the employee is subject to immediate dismissal at the employer's discretion. It is the employee's responsibility to inform the employer, Hour Transportation, if any event has occurred that may jeopardize the employee's standing in regard to his/her employment with Hour Transportation.

By signing below, the applicant acknowledges having read and understood this policy in its entirety and agrees to adhere to the Conditions for Hire at Hour Transportation.

Print Name

Signature

Date

Please submit your completed employee application and signed Condition for Hire to the Office Manager, or mail or fax your application.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION							
NAME (FIRST, MIDDLE, LAST)				SOCIAL SECURITY NO.			
PRESENT ADDRESS		APT. NO.	CITY		STATE	ZIP	
PERMANENT ADDRESS		APT. NO.	CITY		STATE	ZIP	
		/11/11/10:	0111		OTAL		
DATE OF BIRTH MICHIGAN DRIVER LICEN	SE NO.	HOME PHONE	E WITH AREA CO	DE ALT PHONE	WITH AREA CO	DDE	
POSITION		DATE YOU CA	N START	SALARY DES	SIRED		
ARE YOU EMPLOYED NOW? YES NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?			RE APPLYING (CIRCLE ONI RAPIDS / KALAMAZOO / SOI		CA.	
EVER APPLIED TO HOUR TRANSPORTATION BEFORE?	YES NO	WHEN?	FLINT / GRAND F	KAPIDS / KALAMAZOO / SOU	JINFIELD/UII	CA	
YES NO							
EVER WORKED FOR HOUR TRANSPORTATION BEFORE?		WHEN?					
YES NO							
REASON FOR LEAVING?							
IF EMPLOYED WITH HOUR TRANSPORTATION BEFORE, NAM	E OF LAST SUPERVISOR AT THIS COMPANY:						
HOW WERE YOU REFERRED YOU TO THIS COMPANY?							
EMPLOYMENT AGENCY NEWSPAPER AD	STATE EMPLOYMENT OFFICE	FRIEND	COLLEGE PLAC	CEMENT SERVICE/CAMPUS	S JOB POSTING	i	
WALK IN OTHER (SPECIFY):							
EDUCATION							
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO OF YEA	RS ATTENDED	DID YOU GRADUATE?	SUB IEC	TS STUDIED	
GRAMMAR SCHOOL	NAME AND ECOATION OF CONCOL			515 100 014 150/1121	OODOLO		
				YES NO			
HIGH SCHOOL							
				YES NO			
COLLEGE					ſ		
				YES NO			
TRADE OR CORRESPONDENCE SCHOOL							
				YES NO			
GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK							
SPECIAL TRAINING							
SPECIAL SKILLS							
SERVICE RECORD							
BRANCH OF SERVICE	DISCHARGE DATE/RANK						
HAVE YOU EVER BEEN CONVICTED OF A FELONY?					YES	NO	
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FI	ON CONSIDERATION)						
					T		
	YOUR ABILITY TO PERFORM THE JOB AS DESCRIBED IN THE JO	OB DESCRIPTION?			YES	NO	
IF YES, EXPLAIN IN DETAIL (WILL NOT NECESSARILY EXCLUI	JE YOU FROM CONSIDERATION)						

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.
NAME OF PRESENT OR LAST EMPLOYER

DDRESS			CITY		STATE	ZIP
FARTING DATE		LEAVING DATE	SUPERVISOR	S NAME		
EEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?		IF YES, PLEASE PROVIDE P	HONE NUMB	EK
			YES NO			
ESCRIPTION OF WORK						
ASON FOR LEAVING JOB						
AME OF PREVIOUS EMPLOYER						
DRESS			CITY		STATE	ZIP
ARTING DATE		LEAVING DATE	SUPERVISOR	S NAME		
EEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?		IF YES, PLEASE PROVIDE P	HONE NUMB	ER
			YES NO			
ESCRIPTION OF WORK						
SCRIFTION OF WORK						
EASON FOR LEAVING JOB						
AME OF PREVIOUS EMPLOYER						
DRESS			CITY		STATE	ZIP
ARTING DATE		LEAVING DATE	SUPERVISOR'	S NAME		
EEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?		IF YES, PLEASE PROVIDE P	HONE NUMB	ER
			YES NO			
ESCRIPTION OF WORK						
EASON FOR LEAVING JOB						
LAUNT ON LEAVING JUD						

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	BUSINESS	ADDRESS	PHONE YEA	RS AQUAINTED

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."